

Office Use Only

Approval Date _____

Approved by _____

Fee _____ Date _____

Approved by _____

Permit No. _____ Date _____

**APPLICATION FOR GENERAL ANESTHESIA PERMIT
KENTUCKY BOARD OF DENTISTRY
10101 LINN STATION ROAD, STE 540
LOUISVILLE, KENTUCKY 40223**

This completed application must be accompanied by a check in the amount of \$30.00 payable to the Kentucky Board of Dentistry. The form must be completed carefully and sworn to before a Notary Public. Form should be returned to the Kentucky Board of Dentistry at the above address.

NAME _____ KY LICENSE NO. _____

OFFICE ADDRESS _____ PHONE: _____

CITY, STATE, ZIPCODE _____

A short resume showing evidence of your qualifications must accompany this application with a detailed listing of all dental, professional, and post-doctoral education supporting these qualifications, including dates attended with copies of supporting documents.

_____ A. Completion of one (1) year post-doctoral anesthetic training program as described in part 2 of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry.

_____ B. Diplomate or eligible for American Board of Oral and Maxillofacial Surgeons.

***All dentists administering general anesthesia or deep sedation with parenteral drugs must be certified in advanced cardiac life support (ACLS) OR Pediatric Advance Life Support (PALS). Proof of current certification must accompany this application.**
ACLS/PALS Certificate Date _____

All staff assisting with general anesthesia or deep sedation with parenteral drugs must be certified in basic life support (BLS).
Proof of current certification must accompany this application. BLS Certificate Date _____

I hereby certify that the above facts are true and I agree to abide by the rules and regulations set by the Kentucky Board of Dentistry including any future amendments to said rules and regulations.

Applicant's Signature

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(Seal)

Notary Public signature

My commission expires on _____

REV 04/02